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## BIB DATA SHEET

CONFIRMATION NO. 5803

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
09/940,722	08/27/2001	623	3738	PRES06-00217	
<b>RULE</b>					
<b>APPLICANTS</b> Ronald A. Schachar, Dallas, TX; <b>** CONTINUING DATA *****</b> This application is a CON of 09/061,168 04/16/1998 PAT 6,280,468 which is a CON of 08/946,975 10/08/1997 PAT 6,007,578 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 09/17/2001					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/DAVID H WILLSE/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWINGS</b> 13	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Docket Clerk P.O. Drawer 800889 Dallas, TX 75380 UNITED STATES					
<b>TITLE</b> Scleral prosthesis for treatment of presbyopia and other eye disorders					
<b>FILING FEE RECEIVED</b> 3618	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		